

HIV/AIDS

What are the major trends of HIV/AIDS in the United States?

In 2005, there were 1.7 million HIV infections, 988,376 cases of AIDS, and 550,394 AIDS-related deaths in the United States. Since 1981, when the first cases of HIV were recorded, the incidence of HIV has decreased significantly because of strong preventive methods through education and awareness, improvements in HIV/AIDS treatments and the introduction of AZTs (anti-HIV drugs). The prevalence of HIV/AIDS in the United States continues to increase due to a rise in new HIV infections and new and effective treatments.¹

Does HIV/AIDS have a disproportionate effect on certain populations?

Yes, HIV/AIDS has an overwhelming impact on minority populations in the United States. In 2004, 70 percent of newly diagnosed cases of HIV/AIDS were recorded in minorities.

- African American men are 8 times more likely to be infected with AIDS than Caucasian men.²
- American Indian/Alaska Native women are 3 times more likely to be infected with AIDS than Caucasian women.²
- Hispanic women are 5 times more likely to have AIDS than Caucasian women.²
- HIV/AIDS is the 6th leading cause of death in Asian men and 7th leading cause of death in Asian women.²

For African American and Hispanic communities, HIV/AIDS is spreading rapidly. In 2004, 50 percent of HIV/AIDS cases were diagnosed among African Americans and 18 percent of HIV/AIDS were diagnosed among Hispanics.²

Women and young adults (under the age of 25) are accounting for a larger proportion of new HIV/AIDS diagnoses. In 2004, 27 percent of new HIV/AIDS diagnoses were in women. In 2003, teenage girls were representing 50 percent of the HIV cases reported among 13-19 olds.³

What are the HIV/AIDS testing techniques?

An individual can be tested for HIV/AIDS through a regular blood test, oral fluid test, and a urine test.⁴

What are the current treatments being administered to individuals with HIV/AIDS?

With the introduction of AZT in 1987 and improvement of other anti-HIV medications, individuals with HIV/AIDS are able to prevent the deterioration of their health. Currently, the recommended treatment for HIV is Highly Active Antiretroviral Therapy (HAART), which is created specifically to each individual, and includes a combination of drugs.⁵

How expensive are the HIV/AIDS treatments?

In 2005, Medicaid payment estimates showed that combination drug therapy cost between \$14,000 and \$15,000 per individual.⁶ Factoring in additional expenses such as doctor's visits, laboratory tests and drugs to prevent opportunistic infections, the average annual cost per patient have increased to almost \$20,000 in 2005.⁷



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2600 Virginia Avenue, NW, Suite 709
Washington, DC 20037
202-333-0825

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What are the different sources of funding used to cover the expenses of HIV/AIDS treatments?

Individuals with HIV/AIDS are able to obtain financial support for covering the expenses of their treatments from private insurance coverage, public insurance programs (Medicare and Medicaid), Veterans Affairs, programs created by the Ryan White CARE Act, and safety net providers (free clinics and public hospitals).⁷

What is the Ryan White CARE Act?

In 1990, the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act was signed into effect and operates as the nation's main HIV-specific federal grant program. It aims to increase access to treatment services and essentially improve the quality of care for individuals with HIV/AIDS.⁸ The CARE Act has 5 titles that detail its organization and how the funding will be distributed. Title I awards grants to eligible metropolitan areas based on the HIV/AIDS case rate that will help cover the costs of outpatient care and case management. Title II allocates funding for state healthcare programs and to the AIDS Drug Assistance Program. Title III provides funding for early intervention programs. Title IV awards grants to public and private programs established for infants, children, youth and women that utilize community-based care. Finally, Title V provides funding for special projects such as the development of model healthcare programs for vulnerable populations affected by HIV/AIDS, and education and training centers.⁹

What are AIDS Drug Assistance Programs (ADAPs)?

AIDS Drug Assistance Programs (ADAPs) provide to HIV prescription drugs to low-income individuals with HIV/AIDS that are unable to obtain prescription drug coverage. ADAPs have been able to help close to 25 percent of individuals with HIV/AIDS who are receiving care. Currently, these programs are operating in all 50 states and are able to provide medications to more than 96,000 clients. Each state operates its own program and is able to establish its own eligibility criteria, drug formularies and other program components. As of June 2005, the eligibility requirement for ADAP participation include: documentation of HIV status and income eligibility that ranged from 100% to 500% of the Federal Poverty Level.¹⁰

Sources:

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⁹The Johns Hopkins University, Division of Infectious Diseases and AIDS Services. Ryan White Care Act. Accessed October 12, 2006 from http://www.hopkins-aids.edu/manage/ryan_white.html.

¹⁰Kaiser Family Foundation. HIV/AIDS Policy Fact Sheet. AIDS Drug Assistance Programs (ADAPs). March 2006.



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